



Edwin F. Singer, L.E.H.S.
Director

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY

Authority: Health General Article ● 21-305 thru 21-311

LICENSE CAN NOT BE ISSUED IF APPLICATION IS NOT COMPLETED IN FULL
Please Print Clearly

1. Trade Name of Business _____ Phone () _____
2. Mailing Address of Business _____
City _____ State/Zip _____
3. Location of Business (Physical Address) _____
4. Email address for Business _____
5. Owner of Business _____ Phone () _____
Address of Owner _____
City _____ State/Zip _____
6. **If Business is part of a Corporation, provide the name, street address, and phone number of a person residing in Maryland who is authorized to accept Service of Process for another:**
Agent's Name _____ Phone() _____
Agent's Mailing Address _____
City _____ State/Zip _____
7. Landlord's Name _____ Phone () _____
Address of Landlord _____
City _____ State/Zip _____
8. Number of Seats in Facility, including Stools _____
9. Water Supply (Circle One): Private/Treated Private/Untreated Public
10. Sewage Disposal (Circle One): Private Public
11. Facility Provides Catering Services (Circle One): Yes No
12. Facility's Operating Hours and Days _____
13. Applicant's Name _____ Date _____
14. Applicants Original Signature _____
15. Facility Fee Low \$75 Moderate \$200 High \$275 Fee Exempt
(1/2 cost noted for applications made after June 30)

For Health Department Use Only

License Number _____ - _____ - _____ Date Processed _____
Sanitarian's Signature _____ Date _____